

sed 5/01

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2001 MAY 30 A 10: 01

**CORRESPONDENCE  
CONTROL**

**Department of Energy**

ROCKY FLATS FIELD OFFICE  
10808 HIGHWAY 93 UNIT A  
GOLDEN COLORADO 80403-8200

AY 2 4 2001

01 DOE 00975

DIST		NC
GENBERGER, V.		
GNAR, E.	X	X
GILSFORD, M.D.		
GINS, T.F.		
GLO, T.	X	X
GK, C.A.	X	X
TERLE, S.E.	X	X
GRERA, D.W.		
GRI, M.S.		
ASER, R.G.		
LTON, J.C.		
GRMAIN, A.L.		
ACOMINI, J.		
GM, J.H.		
ONARD, R.C.		
RTINEZ, L.A.	X	X
ITES, J.L.	X	X
IRTH, K.	X	X
RKER, A.M.		
WERS, K.P.		
AZ, R.D.		
OGERS, A.D.		
NDLIN, N.B.	X	X
OTT, G.K.	X	X
ELTON, D.C.	X	X
EARS, M.		
RICE, K.D.		
JOB, N.B.	X	X
XORHEIS, G.M.		
Isley, J.	X	X
Winger, R.	X	X
osenman, A.	X	X

OR CONTROL	X	X
DMN RECORD	X	X
ATS/130		

**Reviewed for Addressee**  
**Corres Control RFP**

53001 *lah*  
Date By

Ref Ltr #

JOE ORDER # 5400 1

Ms Sandra Johnson  
Technical Enforcement Program 8ENF T  
U S Environmental Protection Agency Region VIII  
999 18<sup>h</sup> Street Suite 300  
Denver Colorado 80202 2466

Mr Dave Akers Manager  
Colorado Department of Public Health and Environment  
Water Quality Protection Section WQCD PWQPS B2  
4300 Cherry Creek Drive South  
Denver Colorado 80246 1530

Dear Mr Akers and Ms Johnson

The April 2001 Discharge Monitoring Report (DMR) required by the Rocky Flats Environmental Technology Site (Site) National Pollutant Discharge Elimination System (NPDES) Permit (Permit No. CO 0001333) is enclosed.

During the month of April 2001 there was continuous discharge from the Sewage Treatment Plant (Outfall STP 1) during the reporting period. The permit provisions for Building 374 Outfall 014) were under appeal and all requirements were suspended by the Environmental Protection Agency during April 2001. As a result no data were collected or reported for Outfall 014) during this reporting period. The permit provisions and appeal were resolved and monitoring data will begin to be collected.

certify under penalty of law that this document and all enclosures were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

If you have any questions or desire additional information on this matter please contact John Stover  
or my staff at (303) 966 9735

Sincerely

*Joseph A. Legare*

Joseph A Legare  
Assistant Manager

for Environment and Infrastructure



nclosures

**DOCUMENT CLASSIFICATION  
REVIEW WAIVER PER  
CLASSIFICATION OFFICE**

**ADMIN RECORD**  
**SW-A-004310**

Ms Sandra Johnson  
Mr Dave Akers  
01 DOE 00975

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2 1 2301

cc w/Encs  
J Stover AI RFFO  
L Dunstan RMRS  
R Fiehweg RMRS  
F Rukavina RFCSS

cc w/o Encs  
J Cable K H  
N Tuor K H  
S Dieterle K H  
G Scott K H  
R Ninninger K H  
J Motes RFCSS

Best Available Copy

NATIONAL POLLUTANT DISCHARGE ESTIMATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

NRT-033 01  
Attachment 1  
Page 1 of 6

PERMITTEE NAME/ADDRESS (Include Facility Name and Location) (If different from above)

NAME

ADDRESS

CITY

STATE

ZIP

COUNTRY

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD  
FROM YEAR MONTH DAY TO YEAR MONTH DAY

Requirements Suspended

NOTE: Read instructions before completing this form

PARAMETER	X	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	AVERAGE	MAXIMUM	UNITS			
U1 V (Y)										
4										
U1 C (D)										
0										
U1 C (D)										
E E (Y)										
T T (Y)										
3										
J C (D)										
U1 C (D)										
I T (Y)										
J C (D)										
A R (S)										
T T (Y)										
J C (D)										
S T (Y)										
7										
U1 C (D)										

NAME/TITLE: Joseph A. Legare, Asst Mgr DOE/RFFO, Environment & Infrastructure

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: [Signature]

TELEPHONE: 303 966 7000

DATE: 01 5 24

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

3 0 SC (A) 4 C F  
C UF (E)

PERMITTEE NAME/ADDRESS (If land Facility Name Location) (If Diff.)  
 NAME: J D F R I  
 ADDRESS: C I H D I J

Form Approved  
 OMB No 2040-0004

PERMIT NUMBER		DISCHARGE NUMBER	
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MONITORING PERIOD			
YEAR	MO	DAY	TO

Continuous discharge 4/1/01 - 4/30/01

NOTE: Read Instructions before completing this form

PARAMETER	QUANTITY OR LOADING				QUANTITY OR CONCENTRATION				NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM	UNITS			
J C O L	SAMPLE MEASUREMENT				71		83	S U	0	7/7	grab
	PERMIT REQUIREMENT										
L T C	SAMPLE MEASUREMENT						150	mg/l	N/A	3/7	COMP
	PERMIT REQUIREMENT										
J C R O	SAMPLE MEASUREMENT							mg/l	N/A	3/7	COMP
	PERMIT REQUIREMENT										
D T T A L	SAMPLE MEASUREMENT						120	mg/l	N/A	3/7	COMP
	PERMIT REQUIREMENT										
D T T A I	SAMPLE MEASUREMENT						6	mg/l	0	3/7	COMP
	PERMIT REQUIREMENT										
J C R O	SAMPLE MEASUREMENT						no discharge	mg/l	N/A	N/A	N/A
	PERMIT REQUIREMENT										
J C R O	SAMPLE MEASUREMENT						6	mg/l	N/A	3/7	COMP
	PERMIT REQUIREMENT										
J C R O	SAMPLE MEASUREMENT						33	mg/l	0	3/7	grab
	PERMIT REQUIREMENT										

NAME/TITLE: Principal Executive Officer

Signature: Joseph A Legare

Asst Mgr DOE/RFFO

Environment & Infrastructure

TYPED OR PRINTED

Signature: [Signature]

OFFICER OR AUTHORIZED AGENT

303 966-7000

01524

DATE

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include location)  
NAME: OI R  
ADDRESS: 78 H  
DI 1

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No 2040-0004

FACILITY  
LOCATION

FROM: YEAR MO DAY  
TO: YEAR MO DAY  
MONITORING PERIOD

Continuous discharge 4/1/01 4/30/01

NOTE: Read Instructions before completing this form

PARAMETER	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
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100. PERMIT REQUIREMENT									

NAME/TITLE: Principal Executive Officer  
Joseph A. Legare  
Asst. Mgr., DOE/RFFO  
Environment & Infrastructure

TYPED OR PRINTED

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Q1

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

303 966-7000

DATE: 01 5 24

TELEPHONE: 303 966-7000

AREA CODE: 303

NUMBER: 966-7000

YEAR: 01

MO: 5

DAY: 24



PERMITTEE NAME/ADDRESS (Include Facility Name and Location)  
NAME  
ADDRESS  
CITY  
STATE  
ZIP

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No 2040-0004

PERMIT NUMBER

DISCHARGE NUMBER

FACILITY LOCATION  
FROM  
MONITORING PERIOD  
YEAR MO DAY TO YEAR MO DAY

Continuous discharge 4/1/01 4/30/01

NOTE: Read Instructions before completing this form

PARAMETER	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
HCL	SAMPLE MEASUREMENT					1		0	2/30	comp
	PERMIT REQUIREMENT									
FACILITY	SAMPLE MEASUREMENT				33	98		N/A	3/7	comp
	PERMIT REQUIREMENT									
BOD	SAMPLE MEASUREMENT				<2	2		0	3/7	comp
	PERMIT REQUIREMENT									
Pb	SAMPLE MEASUREMENT			94				0	calculated	see permit
	PERMIT REQUIREMENT									
Cu	SAMPLE MEASUREMENT			88				0	calculated	see permit
	PERMIT REQUIREMENT									
Zn	SAMPLE MEASUREMENT	0						0	7/7	visual
	PERMIT REQUIREMENT									
Cd	SAMPLE MEASUREMENT					<1		0	1/30	grab
	PERMIT REQUIREMENT									

NAME/TITLE: Joseph A. Legare, Asst Mgr DOE/RFFO Environment & Infrastructure

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OF AUTHORIZED AGENT

TELEPHONE: 303 966-7000

DATE: 5/24/01

AREA CODE: 303

NUMBER: 966-7000

YEAR: 01

MO: 5

DAY: 24

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

J. A. Legare  
JR. EI

**ADDRESS**

PERMIT NUMBER

	DISCHARGE NUMBER
--	------------------

FACILITY	LOCATION
1	1
2	2
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MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

FROM

Continuous discharge 4/1/01 - 4/30/01

**NOTE** Read Instructions before completing this form


PARAMETER	X	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
	SAMPLE MEASUREMENT							0	2/30	comp
	PERMIT REQUIREMENT								12/30/08	MONTH
	SAMPLE MEASUREMENT									
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**NAME/TITLE PRINCIPAL EXECUTIVE OFFICER**

Joseph A Legare  
Asst Mgr DOE/RFFO  
Environment & Infrastructure

TYPED OR PRINTED

**SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT**



**TELEPHONE**

303 966 7006

**DATE**

5/24

I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**